## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/09/2009	Address:	C.R. 800 S. @
Case #:	43-27023		C.R. 200 E.
County:	BARTHOLOMEW		COLUMBUS, IN.
Type of Laboratory Scizure (check one)		Seizure Location (cheek all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☑ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):  Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: IN BARN			
✓ Water Reactive Metal (Lithium): <u>IN BARN</u>			
Anhydrous Ammonia: IN BARN			
☐ Hydrochloric Acid Gas Generator(s): <u>IN BARN</u>			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes	er age 18 discovered (check one) (number present)	Ephedrin	<u>e Information</u> c/Pseudoephodrine Tracking Log erchant Tip —
This repor	t is to be faxed to the following ager	<u>icies that serve the l</u>	ocation:
Fire Depart	tment: CLAY TWNSTP.	Fax: 812-376-7150	
Health Department: BARTHOLOMEW CO.		Fax: <u>812-3</u> Fax: <u>N/A</u>	<u>579-1040</u>
Child Prote	ection Service: N/A	<u> </u>	
	information regarding this methamph		

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.